

**HAYWARD REDEVELOPMENT AREA COMMITTEE
DOWNTOWN HAYWARD REDEVELOPMENT PROJECT
CANDIDATE APPLICATION**

Name _____ Telephone (work) _____

Address _____ Telephone (home) _____

Business Name _____

Business Address _____

Registered to Vote: Yes _____ No _____ E-Mail: _____

I would like to serve as a member of the Hayward Redevelopment Area Committee for the Downtown Hayward Redevelopment Project under the following category (choose one of the following only). See description of membership categories and qualifications in the Information Packet.

Check One
____ Residential Owner-Occupant
____ Residential Tenant
____ Business Owner
____ Commercial Property Owner

Check One
____ Downtown Redevelopment Area
(Includes Expansion Area No. 1
Burbank/Cannery Area
(Expansion Area No. 2)
Mission-Foothill Area
(Expansion Area No. 3)

Address (If different from above): _____

Business Name (If applicable): _____

Business License No. (If applicable): _____

I hereby certify, under penalty of perjury, that the foregoing information is true and correct to the best of my knowledge and that I meet the required qualifications to be designated as a member of the Project Area Committee for the Downtown Hayward Redevelopment Project.

SIGNATURE: _____ DATE: _____

Persons interested in serving on the Hayward Redevelopment Area Committee are hereby notified that, if elected, they must file as a public record, a Statement of Economic Interest and must comply with provisions of the Conflict of Interest Code for the Hayward Redevelopment Area Committee.

Please submit form in person, by mail, or fax to the CITY CLERK, City of Hayward, 777 B Street, Hayward, CA 94541-5007 (Phone: 510-583-4400/Fax: 510-583-3636).